Name in Full: Helen Maria Anderson.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: North East — County: Cecil

Date of death 1904 — Month: Oct — Day: 4th — Age: Years: — Months: 7 — Days:

Sex: Female — Color or Race: Colored — Birthplace: North East

Occupation: — Where Residing if not at place of death: North East

Married, Single or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Anderson. — Father's Birthplace: North East

Mother's Maiden Name: Lilli Green — Mother's Birthplace: Elk Neck

Name of person giving Information: G. W. Anderson. — How related to deceased: Grandfather

CAUSES OF DEATH

Primary: Pneumonia 93 — How long: 3 months

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos A Worrall

Address: North East Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rebecca G. Arthur

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Perryville — (County): Cecil

Date of death: Month: Oct — Day: 30 — 1904

Age: Years: 61 — Months: 3 — Days: —

Sex: Female — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

Copy 179

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Hypostasis — How long:

Immediate: Progressive Cardiac Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L. G. Taylor, M.D. Per Coroner

Address: Perryville, Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Mary F Bender

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Port Deposit — County: Cecil

Date of death: Month: Oct — Day: 13 — Year: 1904

Age: Years: 1 — Months: 7 — Days: —

Sex: Female — Color or Race: White — Birthplace: Port Deposit

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alfred Bender — Father's Birthplace: Phila Pa

Mother's Maiden Name: Mary F Long — Mother's Birthplace: Port Deposit

Name of person giving Information: Mary F Bender — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Intussusception 10½ — How long: 6 days

Immediate: Obstruction — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H L Pearce

Address: Port Deposit Md

Accident or Suicide? —

LIBRARY BUREAU A55816

Name in Full: Frank H. Biddle

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chesapeake City — County: Cecil

Date of death: 1904 — Month: Oct — Day: 21

Age — Years: 5 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Chesapeake City

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jerome Biddle — Father's Birthplace: Md

Mother's Maiden Name: Jennie Darley — Mother's Birthplace: Md

Name of person giving In formation: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis — How long: 2 wks

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Hunter Mitchell M.D.

Address: Elkton Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Howard Boyer

8 Dec —

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Conowingo — County: Cecil

Date of death 1904 — Month: 10 — Day: 18

Age — Years: 30 — Months: 2 — Days: 5

Sex: Male — Color or Race: Black — Birthplace: Conowingo Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Boyer

Father's Name: John Boyer — Father's Birthplace: Conowingo

Mother's Maiden Name: Amelia Berry — Mother's Birthplace: Conowingo

Name of person giving In formation: Amelia Boyer — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatism — How long: 6 Months

Immediate: Paralysis — How long:

66

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L. M. Ragan

Address: Conowingo Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88616

Name in Full: Ruth E. Boyer.

6 Dist.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Colora. — County: Cecil

Date of death 1904 — Month: Feb. — Day: 16 — Age — Years: 58. — Months: — — Days: —

Sex: Fmal — Color or Race: Colored — Birthplace: Annadale Pa.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Wm Boyer.

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Isaac Warfield — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralytic — 6 — How long: 20 hours.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? as near as can be ascertained

Signature of Physician

Address: Dr. P. B. Shan.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mrs Burlin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Port Deposit — County: Cecil

Date of death: 1904 — Month: Oct 8 — Day: — Years: Age 83. — Months: 4 — Days: —

Sex: Feamail — Color or Race: White — Birthplace: Lansdowne

Occupation: — Where Residing if not at place of death: Port Deposit

Married, Single or Widowed: widow — Name of Wife or Husband: Wm B. Burlin

Father's Name: William Jones — Father's Birthplace: Wales

Mother's Maiden Name: Mary Jones — Mother's Birthplace: Ireland

Name of person giving Information: Sarah V. Burlin — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Phthisis — How long: 4 years

Immediate: Exhaustion — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. E. Cannon

Address: Port Deposit Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Donald Cameron.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton — County: Cecil County

Date of death: 1904 — Month: October — Day: 24 — Years: Age 20 — Months: 11 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Carpenter — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: D. O. Cameron — Father's Birthplace: Maryland

Mother's Maiden Name: Eulay Wilson — Mother's Birthplace: "

Name of person giving information: D. O. Cameron — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 1 1/2 yrs

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Grafton Mitchell M.D.

Address: Elkton Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Rock Bank
Cecil Co

Name in Full: Jacob W. Campbell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East — County: Cecil

Date of death	Month	Day	Age: Years	Months	Days
1904	10	10	66	6	30

Sex: Male — Color or Race: White — Birthplace: Bucks Co Pa

Occupation: Merchant — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John B Campbell — Father's Birthplace: Lancaster Co Pa

Mother's Maiden Name: Elizabeth Spake — Mother's Birthplace: Not known

Name of person giving Information: J M Campbell — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: One year

Immediate: Uremia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D Bennett Phipps

Address: North East

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Joseph H Carter

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chesapeake City — County: Cecil

Date of death: Month: Oct — Day: 1 — Year: 1904 — Age: Years: 28 — Months: 2 — Days: 6

Sex: Male — Color or Race: white — Birthplace: Chesapeake City

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Carter — Father's Birthplace: England

Mother's Maiden Name: Sarah A. Kirk — Mother's Birthplace: Cecil Co, Md.

Name of person giving information: Mrs. Hattie Stover — How related to deceased: Sister

CAUSES OF DEATH

Primary: Typhoid — How long: —

Immediate: Heart failure — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D Crawley

Address: Elkton Md.

Accident or Suicide? —

LIBRARY BUREAU A86916

Name in Full: Effa Clayton / Maggie Clayton

CERTIFICATE OF DEATH

MARYLAND

Died at Town Point — County C & C

Date of death 1904 — Month 10 — Day 16 — Age Years 23 — Months — Days

Sex Female — Color or Race Colored — Birthplace Brizille Va.

Occupation House Keeper — Where Residing if not at place of death Town Point

Married, ~~Single~~ or Widowed — ~~Name of Wife or~~ Husband Elijah Clayton

Father's Name — Kinton — Father's Birthplace

Mother's Maiden Name Lucy Berry — Mother's Birthplace

Name of person giving Information Elijah Clayton — How related to deceased Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary

How long

Immediate Consumpton 27

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~ Wm B Coleman

Address Chesapeake City Md

undertaker

Accident or Suicide?

LIBRARY BUREAU AB616

Name in Full: Marion M. Fillingame

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chesterville; County: Cecil

Date of death 190 4; Month: 10; Day: 23; Age: Years: 5-1; Months: 0; Days:

Sex: Female; Color or Race: White; Birthplace: Port Herman Md

Married, ~~Single or Widowed~~; Occupation: House wife

Name of ~~Wife~~ or Husband: Richard J. Fillingame

Father's Name: Marion M. Reed; Father's Birthplace: Delaware

Mother's Maiden Name: Georgeanna Lloyd; Mother's Birthplace: Maryland

Name of person giving information: Husband; How related to deceased: Husband

63

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis. Bulbar chronic; How long: 5 years

Immediate: Exhaustion in Stanton; How long: X

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. P. Karsner

Address: Ches. City, Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88316

Name in Full: Edward D Gehr

CERTIFICATE OF DEATH

MARYLAND

Died at: near Aikin — Town: — County: Cecil

Date of death: 1904 Month: Oct Day: 4 Age: Years 62 Months — Days —

Sex: Male Color or Race: White Birthplace: Pa

Occupation: Carpenter Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Sarah Gehr

Father's Name: Jokefeh Gehr Father's Birthplace: —

Mother's Maiden Name: Catherine Kerfoot Mother's Birthplace: —

Name of person giving Information: Sarah Gehr How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease How long: Years

Immediate: Embolism, Paralysis How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician: Geo. M. Stumb

Address: Rowlandville Maryland

LIBRARY BUREAU A88816

Name In Full

Maud Gillespie

Certificate of Death

Died at Town: Oakwood County: Cecil MARYLAND

Date 1904 Month: 10 Day: 10 | Age Y. 15 M. yrs D. - | Native of Phila. Pa | Occupation none

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of J.

Father's Name John W. Gillespie Mother's Maiden Name Lilly E. Bunty

Cause of Death: Primary Valvular Disease of Heart — How long sick

Immediate — Heart failure & dropsy

~~Accident, Suicide, Homicide~~

Reported by S. F. Roman

Address Oakwood — Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Azahel Grist

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Fountain County:

Date of death: 1904 Month: Oct. Day: Oct 1. Age: Years: 78 Months: Days:

Sex: Male Color or Race: White Birthplace: Md.

Occupation: Farmer. Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband:

Father's Name: Jacob Grist Father's Birthplace: Lanc Co Pa

Mother's Maiden Name: Jane Jenkins Mother's Birthplace: Cecil Co. Md

Name of person giving In formation: George Grist How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy How long:

Immediate: Paralysis How long:

64

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. H. Miller

Address: North East

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Ella L. Hammond

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton — County: Cecil

Date of death: 1904 Month: Oct Day: 6 — Age: Years: 29 yrs Months: Days:

Sex: Female — Color or Race: Black — Birthplace: near Iron

Occupation: — Where Residing if not at place of death: near Fredericksburg Va

Married, Single or Widowed: married — Name of Wife or Husband: Ralph M Hammond

Father's Name: Benjamin Gale — Father's Birthplace: Maryland

Mother's Maiden Name: Harriett Grant — Mother's Birthplace: "

Name of person giving information: Sister — How related to deceased: [illegible]

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Killed by Accd. 166 — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm S Crowley

Address: Elkton Md

Accident or Suicide? Accident

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

Died at Town Haughn County Cecil MARYLAND

Date 1904 Month 10 Day 29 Age Y. — M. D. Native of Md. Occupation —

~~Male~~ ~~White~~ ~~Married~~ Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name S.

Mother's Name Amanda Johnson

Cause of Death: Primary

Immediate Still born baby.

How long sick

Accident, Suicide, Homicide

Reported by J. B. Sloan MD

Address Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Margaret Kelley & Dish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Insane asylum — County: Cecil

Date of death 1904: Month: Oct — Day: 29 — Age: Years: 90 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Portland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: John Kelley

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information: Roberta Miller 154 — How related to deceased: Grand Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age Imbecile — How long —

Immediate: " — How long —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas F Miller

Address: North East, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Lydia Lambson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Easton — County: Talbot

Date of death 1904 — Month: Oct — Day: 23 — Age: Years 2, Months 6, Days

Sex: Female — Color or Race: Colored — Birthplace: Easton

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Elmer Lambson — Father's Birthplace: Del

Mother's Maiden Name: Florence May Wise — Mother's Birthplace: Md

Name of person giving Information: Elmer Lambson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Pneumonia — How long: 9 M

Immediate: Exhaustion — How long: 2

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm F. Crowley

Address: Easton Md.

Accident or Suicide? —

LIBRARY BUREAU A88818

Name in Full: Jacob Rhuckes

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkton — County: Cecil

Date of death: Month: Oct — Day: 12 — Year: 1904 — Age: 62 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabeth Goodyear

Father's Name: John Rhuckes — Father's Birthplace: Md

Mother's Maiden Name: Margaret Rhuckes — Mother's Birthplace: Md

Name of person giving information: Maggie Shures — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption — How long: 3 yrs

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno W Cooper M.D.

Address: Elkton, Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Hosanna Mason

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sassafras Neck; County: Cecil

Date of death 1904	Month	Day	Age: Years	Months	Days
	10	16	34	X	X

Sex: Female | Color or Race: Black | Birthplace: Cecil Co.

Married, Single or Widowed: Married | Occupation: House Wife

Name of ~~Wife or~~ Husband: Perry Mason

Father's Name: William Thompson | Father's Birthplace: Cecil Co

Mother's Maiden Name: Louisa Hogans | Mother's Birthplace: Cecil Co

Name of person giving information: Perry Mason | How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: child Birth | How long: 12 Days

Immediate: Puerperal Fever | How long: 7 Days

137

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Emil. Crawford M.D.

Address: Coulton Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Harvey Nathanial Mercer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elkton City — County: Cecil

Date of death 1904: Month: Oct — Day: 1 — Age: Years: 36 — Months: X — Days: X

Sex: male — Color or Race: Blk — Birthplace: Elkton City

Occupation: laborer — Where Residing if not at place of death: Elkton City

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or ~~Husband~~: Elsa Mercer

Father's Name: Joshua Mercer — Father's Birthplace: on the Island

Mother's Maiden Name: Harriett Smith — Mother's Birthplace: Baltimore

Name of person giving Information: Mother — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: [illegible]

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D J Comey MD

Address: Chesapeake City Md

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Maria Ramsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Conowingo — County: Cecil

Date of death: Month: Oct — Day: 17 — 1904

Age: Years: 35 — Months: — Days:

Sex: Female

Color or Race: Colored

Birthplace: Rowlandville

Occupation: housework

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Ramsey

Father's Birthplace: Harford Co Md

Mother's Maiden Name: Elizabeth Ramsey

Mother's Birthplace: " "

Name of person giving Information: Henry Ramsey

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Blood Poison following Confinement

How long: dont Know

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. M. Rogan

Address: Conowingo Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Amy Bell Reese

Clerk

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Colora — County: Cecil

Date of death 1904 — Month: Oct — Day: 15 — Age — Years: 28 — Months: 10 — Days: 7

Sex: female — Color or Race: White — Birthplace: Cecil Co

Occupation: —

Where Residing if not at place of death: Home of Parents

Married, Single or Widowed: Single — ~~Name of Wife or Husband~~

Father's Name: Thomas Reese — Father's Birthplace: Md.

Mother's Maiden Name: Agnes Rennard — Mother's Birthplace: Cecil Co

Name of person giving Information: Mrs Agnes Reese — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epileptic Convulsions — How long: all her life

Immediate: Died in Convulsion — How long: Unprobable

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thos H Jeness

Address: Rising Sun Md.

Accident or Suicide? —

LIBRARY BUREAU A85516

Name in Full: Charles E Saunders

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkton — County: Cecil

Date of death 1904 — Month: Oct — Day: 6 — Age — Years: 30 ? — Months — Days

Sex: Male — Color or Race: Col. — Birthplace

Occupation: Laborer — Where Residing if not at place of death: Newark Del

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: 166 — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Killed by Cars — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D Crawley

Address: Elkton md.

Accident or Suicide? Accident

PHYSICIAN OR CORONER

LIBRARY BUREAU A88818

Name in Full: Rachel. E. Simpers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East — County: Cecil

Date of death: Month: Oct — Day: 24th — 1904

Age: Years: 78 — Months — Days

Sex: Female

Color or Race: White

Birthplace: Cecil Co. Md

Occupation: —

Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Widow

Name of Wife or Husband: Johnson Simpers

Father's Name: [redacted] A. Whittaker

Father's Birthplace: not Known

Mother's Maiden Name: Leah. Evans

Mother's Birthplace: " "

Name of person giving information: E. E. Simpers

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility

How long: 3 Months

Immediate:

How long:

154

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B Hennessy

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John J. Simpson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chesapeake City — County: Cecil

Date of death: Month: Oct — Day: 30 — 1904

Age: Years: 66 — Months: 9 — Days:

Sex: Male — Color or Race: White — Birthplace: Pa

Occupation: Blacksmith — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary L Simpson

Father's Name: David R. Simpson — Father's Birthplace: Chester Co Pa

Mother's Maiden Name: Mary Ann Shaw — Mother's Birthplace: Cecil Co Md.

Name of person giving Information: Mary L Simpson — How related to deceased: wife

CAUSES OF DEATH

Primary: Hemiplegia — 66 — How long: 10 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. S. Crowley

Address: Elkton Md.

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Mabel K Taylor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pleasant Hill — County: Cecil

Date of death 1904: Month: 10th — Day: 20 — Age: Years: 18 — Months: 2 — Days: 21

Sex: Female — Color or Race: Of Color — Birthplace: Cecil Co. Md.

Occupation: — Where Residing if not at place of death: Ch. Pleasant Hill

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William Taylor — Father's Birthplace: Md.

Mother's Maiden Name: Sarah Jane Walker — Mother's Birthplace: Pa.

Name of person giving Information: Sadie Harrigan — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 1½ years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Chas. H. Miller

Address: North East, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Faithful S. Watson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lombard — County: Cecil

Date of death 1904 — Month: 10 — Day: 6 — Age: Years 51 — Months 9 — Days 6

Sex: Female — Color or Race: White — Birthplace: Chester Co. Pa.

Occupation: — Where Residing if not at place of death: Lombard Md.

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Alfred H. Watson

Father's Name: Alexander Mull — Father's Birthplace: Chester Co. Pa.

Mother's Maiden Name: Susan Newell — Mother's Birthplace: Chester Co. Pa.

Name of person giving Information: Alfred H. Watson — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Nephritis 6 — How long: one week

Immediate: Paralysis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Richardson

Address: Colora — Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Riley Young

Died at Elk Neck Town, Cecil County, MARYLAND

Date 1904 Month 10 Day 8 | Age Y. 7 M. = D. = | Native of | Occupation

Male ~~Female~~ | Colored ~~White~~ | ~~Married~~ Single ~~Widowed~~ | ~~Widower~~ ~~Divorced~~ | Number of children living

Husband of

Wife

Father's Name George Young | Mother's Maiden Name Alles Brooks

Cause of Death: Primary Phthisis Pulmonalis | How long sick 1 Year

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Geo S. Ritzenhoover M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898